

Department of Licensing and Regulatory Affairs, Bureau of Fire Services, Storage Tank Division

P.O. Box 30033, Lansing, MI 48909
Phone: 517-241-8847 Fax: 517-332-1428

GASOLINE TANK TRUCK PRESSURE/VACUUM TEST RESULTS

Authorized under 1994 P.A. 451, as amended. Completion of information is required. Civil and/or criminal penalties possible for providing false information.

TANK OWNER: _____	TANK SERIAL #: _____
ADDRESS: _____	UNIT #: _____
_____	MAKE/YEAR OF MFG: _____
CONTACT: _____	AREA CODE & TELEPHONE #: _____

PRESSURE TEST RESULTS

Pressure cannot change by more than 1 inch

RUN	INITIAL READING (INCHES OF WATER)	STARTING TIME	FINAL READING (INCHES OF WATER)	FINISHING TIME	REPAIRS MADE
1					
2					
3					

VACUUM TEST RESULTS

Pressure cannot change by more than 1 inch

RUN	INITIAL READING (INCHES OF WATER)	STARTING TIME	FINAL READING (INCHES OF WATER)	FINISHING TIME	REPAIRS MADE
1					
2					
3					

INTERNAL VAPOR VALVE TEST

Pressure cannot change by more than 5 inches

RUN	INITIAL READING (INCHES OF WATER)	STARTING TIME	FINAL READING (INCHES OF WATER)	FINISHING TIME	REPAIRS MADE
1					
2					
3					

I certify that this gasoline delivery vessel tank has been tested in accordance with U. S. EPA Method 27 and found to be in compliance with the pressure, vacuum and internal vapor valve test requirements of Michigan Air Pollution Control Rule 627, Public Act 451 of 1994, As Amended.

Name of Testing Firm:	Individual Conducting Test:
Address:	Signature:
City:	Area Code & Telephone #:
State: Zip Code:	Date of Test:

MAIL COMPLETED FORM TO:

LARA, Storage Tank Division, ATTN: 627 Program, P.O. Box 30033, Lansing, MI 48909
Or
FAX TO: 517-332-1428